



FP44 (rev. 8/08)

The Commonwealth of Massachusetts
Department of Fire Services - Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01775



APPLICATION FOR APPROVAL OF TANK TRUCK

City or Town _____ Date _____

In accordance with the provisions of 527 CMR 8.00: Board of Fire Prevention Regulations, application is hereby made for approval of the transport vehicle described herein.

Name of Owner: _____

Address: _____

Address of Permitted Land where Vehicle is Parked Overnight

Vehicle Type: _____ Make: _____ Year: _____

Registration: _____ VIN #: _____

Tank Capacity: _____ Signature of Applicant: _____

☐ Approved ☐ Disapproved Date: _____ Permit #: _____

Signature Head of the Fire Department or Designee

Print Name Head of the Fire Department or Designee

FIRE DEPARTMENT FILE COPY



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PERMIT

City or Town _____ Date _____

In accordance with the provisions of 527 CMR 8.00 this permit is granted to:

Name: _____

Full name of person, firm or corporation granted permit

Address: _____

Vehicle Type: _____ Make: _____ Year: _____

Registration: _____ VIN #: _____

Tank Capacity: _____ Permit #: _____

is permit will expire on: _____

Signature of official granting permit

Print name and title



This original must remain with the transport vehicle

